

471-000-523 Nebraska Medicaid Practitioner Fee Schedule For Speech Pathology and Audiology Services

Steps To Determine the Medicaid Allowable:

1. LOCATE THE PROCEDURE CODE. Procedure codes are listed numerically. This fee schedule includes only selected procedure codes. A listing of all procedure codes is available in the Nebraska Medicaid Program Physician Services Practitioner Fee Schedule at - [http://www.dhhs.ne.gov/med/practitioner\\_fee\\_schedule.htm](http://www.dhhs.ne.gov/med/practitioner_fee_schedule.htm)

Note: For procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedure Terminology (CPT).

2. LOCATE THE MEDICAID ALLOWED FEE FOR THE PROCEDURE CODE. The dollar amount listed in the Medicaid allowable for the procedure. If "BR" or "RNE" is listed, go to Step #4 for special pricing
3. PAYMENT IS THE LOWER OF THE FEE SCHEDULE ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. The provider's submitted charge must reflect their charge to the general public.
4. SPECIAL PRICING. Certain procedure codes will not have a dollar amount:
  - A. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service (and additional documentation, if applicable) is required for review.
  - B. "RNE" (Relative Value Not Established) procedures denoted "RNE" indicates a procedure which is new or uncommon. These procedures must be justified by submitting a report with the claim that references the procedure. Upon review, reimbursement is paid at a reasonable rate.
5. SERVICES NOT COVERED BY MEDICAID: Not all procedures are covered by Medicaid. Procedures listed as "Not Covered" are not payable by Medicaid.

Note: This fee schedule includes a rate increase effective July 1, 2010.

CPT codes, descriptions and other data only are copyright 2010 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DRARS Apply.

For CPT procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedural Terminology (CPT). CPT procedure code manuals are also available through private vendors.

HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS website at <http://www.cms.hhs.gov>. HCPCS procedure code manuals are available through private vendors.

CPT Code	Modifier	SFY Non-facility Rate	SFY Facility Rate	Comments
92506		\$55.86	\$16.42	Each 30 minutes
92507		\$34.20	\$14.26	Each 30 minutes
92551		\$13.30		Each 30 minutes
92552		\$13.30		
92553		\$19.00		
92555		\$9.50		
92556		\$19.00		
92557		\$41.80		
92559		\$13.30	\$38.83	
92560		\$7.60		
92561		\$15.20		
92562		\$5.70		
92563		\$5.70		
92564		\$5.70		
92565		\$5.70		
92567		\$12.76	\$10.99	
92568		\$7.60		
92570		\$15.20	\$14.33	
92571		\$5.70		
92572		\$6.08		
92575		\$6.08		
92576		\$6.08		
92577		\$6.08		
92579		\$26.60	\$24.39	
92582		\$11.40		
92583		\$11.40		
92584		\$51.30		
92585		\$114.00		
92586		\$102.60		
92587		\$45.60		
92588		\$66.50		
92590		\$41.80		
92591		\$62.70		
92592		\$15.20		
92593		\$22.80		
92594		\$15.20		

<b>CPT Code</b>	<b>Modifier</b>	<b>SFY Non-facility Rate</b>	<b>SFY Facility Rate</b>	<b>Comments</b>
92595		\$22.80		
92596		\$22.80		
92597		\$79.80	\$47.32	
92601		\$67.26	\$61.00	
92602		\$46.74	\$39.50	
92603		\$44.46	\$40.10	
92604		\$29.64	\$25.64	
92605		BR		Requires documentation
92606		BR		Requires documentation
92607		\$63.08		
92608		\$13.68		
92609		\$31.54		
92610		\$66.50	\$40.96	
92700		BR		Requires documentation

\* Procedure code not covered by Medicaid when provided by a physical or occupational therapist.

\*\* Covered service if speech generating device produce digital or synthesized speech.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology, Copyright 2010, by the American Medical Association (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures which are copyrighted by the American Medical Association.

The Schedule includes only CPT numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT outside the Schedule should refer to the Physicians' Current Procedural Terminology, Copyright 2010. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

No codes, fee schedules, basic unit values, relative value guides, guidelines, conversion factors or scales are included in any part of the Physicians' Current Procedural Terminology, Copyright 2010 by the American Medical Association.

All maximum allowable fees are the exclusive property of the Nebraska Department of Health and Human Services and are not covered by the American Medical Association CPT copyright.